

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2017
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
001009133	Moe's Providence LLC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
722513	Fast	Casual	Restaurant	-	
5. State of Formation					
CT					
6 Principal Office Address			City	State	Zip
195 W Man St, Ste 16			Avon	CT	06001
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Miranda Skrzyniarz			Contact Title Controller		
Street Address PO Box 1507		City Avon	State CT	ZIP OZOOJ	
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					
Matt Rusconi 11/1/18					
Signature of Authorized Person					

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1. AS PM FILED

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